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The influence of tradition on the process of organizational change;
a study of two Oregon child care centers: Edgefield Lodge,
Troutdale, and St. Mary's Home for Boys, Beaverton

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(THE INFLUENCE OF TRADITION ON THE PROCESS OF
ORGANIZATIONAL CHANGE)

A Study of Two Oregon Child Care Centers:
Edgefield Lodge, Troutdale, and St. Mary's
Home for Boys, Beaverton.

by

SISTER HELEN PAULA GRANT

A project submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SOCIAL WORK

Portland State University
June, 1970

What is becoming increasingly clear to the community and institution alike is that over a period of time no child-caring service can exist alone or unchanged and serve people well.

Martin Gula
Consultant on Group Care
Children's Bureau
1958

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CHAPTER I

INTRODUCTION

For over two centuries, child-caring institutions in the United States have helped families care for their children, and have been solicitous as well for the dependent, neglected, and retarded children. Since the founding of the first orphanage in the United States in 1737 by the Ursuline Sisters, after the ravage of an Indian massacre, child care has developed slowly from simple custodial care to institutions giving specialized care in some one single area. This change was a result not only of the need of children for specialized care but also of the advances in the nation's social, economic, and medical services. For example, the passage of the Social Security Act in 1935 gave a little more economic security to one-parent families by allowing them to keep at home children who otherwise would have been sent to an institution. On the other hand, a factor which tends to separate the family is our advanced technology which, for some families, means both parents working and possibly also increased mobility for the entire family--conditions which for some children are disturbing and impossible to cope with. In addition to these considerations, there are the advancing research discoveries pointing up possible emotional damage to infants and pre-school children reared in hospitals and institutions should environmental stimulation be lacking. In fact, it was this factor that started the slow decline of the population in the orphanages beginning shortly after the turn of the century. The cottage plan of living, the services of a

psychiatrist, and group living were among the changes that were to be forerunners of what child care would become. In 1933, an estimated 144,000 children were still residing in these institutions. Between 1950 and 1960, the census revealed there were about 25,000 fewer children in these institutions, a decline of 25.6 per cent, even though the child population for that period showed an increase.¹

The census at the end of the next four years--1960 to 1964--revealed an additional five per cent decrease in the population of the orphanage-type center, a period in which the child population itself increased nine per cent. The intensified use of foster homes, child clinics and other mental health facilities as well as specialized residential care for more disturbed or delinquent youngsters, availability of State and Federal funds for both private and public institutions, greater use of diagnostic centers, all have contributed to availability as well as improvement in child care in this country. The course of child care is not complete by any means, nor does it end here. Rather, because of these great strides which have taken so many years to develop, innovative institutions and child research centers are constantly trying to refine the knowledge and methods now believed so advanced.

¹U. S. Department of Health, Education, and Welfare, Children's Bureau, America's Children and Youth in Institutions, 1950-1960-1964 (Washington, D. C.: Government Printing Office, 1965), p. 5.

CHAPTER II

SCOPE AND PURPOSE OF THE STUDY

In order to learn how changes came about in two Portland-Metropolitan area institutions for children, the writer studied St. Mary's Home for Boys in Beaverton and Edgefield Lodge in Troutdale. Both are residential centers: the former is a private, Catholic-sponsored institution for emotionally disturbed boys ages 8-16; the latter is a public treatment center for children of both sexes, ages 6-12. St. Mary's was founded in 1887; Edgefield, in 1965. The writer proposed, therefore, to look into the beginnings, growth, and changes in these agencies that have occurred since their foundation dates, and by comparing two institutions with widely contrasting histories, to explore the influence of tradition on the process of organizational change.

The study will encompass that information about each institution which was readily available to the writer in the form of written reports: the date and purpose of the foundation of the institutions, major change in function, the present function in comparison with the traditional function, and factors which led to adopting the present mode. In addition, there are other data gathered from first-hand experience which must necessarily enter into the account. An attempt will also be made to encompass operational procedure and to learn the principles underlying this procedure. Although there are surface similarities in the two institutions such as the kind of child treated, the treatment mode, and

programmed classes, their history is totally different. It is chiefly this factor, the writer felt, which gives each institution the characteristics it possesses, and at the same time influences the procedures it carries out.

Since Edgefield Lodge was the writer's field placement for the 1969-1970 academic year, she had readily available not only the written material, but first-hand experience in the children's units, family counseling, intake conferences, group-work with parents, and contact with workers at all levels. Evaluation meetings and in-service sessions normally not part of the field-work experience were readily open as well. To study St. Mary's Home for Boys, the writer began visits during the summer of 1969. Thereafter, the writer was made welcome one day each week to attend Intake and Re-evaluation meetings, to talk to staff, and to observe workers and children in the cottages. In addition, material from the archives and files needed to fill in the historical sketch was made available.

CHAPTER III

DESCRIPTIVE SKETCHES OF THE TWO CHILD CARE CENTERS

I. EDGEFIELD LODGE

Edgefield Lodge, a residential treatment center for disturbed children, was established in 1965 by the Multnomah County Commission to provide observation, care, and treatment for disturbed, minor children of all races, creeds, and colors.

Physical Plant

The physical plant, originally a tuberculosis hospital, sits on about five acres of hilly land overlooking the Columbia River near Troutdale, fifteen miles east of Portland. The main building is a one-story structure with four corridors branching like windmill arms from a central hub. Thirty children can be housed in this building in rooms containing from two to six beds. In this building also are the director's office, offices for the child care and school programs, classrooms, a staff lounge and a children's dining room. Two other buildings, white frame houses which were once private dwellings, are used for diagnostic and counseling personnel offices, and for the shop and arts-and-crafts programs. There is a large play shelter for inclement days. Spacious, well-kept grounds surround the building, and fences on two sides of the property keep neighboring livestock out. Pine and fir trees bound the north side of Edgefield's property almost obscuring it from the road.

In an effort to keep the atmosphere as non-institutional as possible,

the hallways and classrooms are decorated with artistic decor a child can relate to. The dining room has a bright, spacious appearance. Since meals, like everything else at Edgefield, are part of the treatment program, they are served family style at tables of six. At least one child-care worker sits at each table. In the bedrooms, each child has a dresser or a locker for his personal clothing.

Residential Coverage

The program operates five days a week. Therefore, children are not at Edgefield weekends or holidays, nor do any of the staff live in the institution. The average length of stay for a child at Edgefield is from ten to twelve months.

Staff

The first staff at the Lodge included the director (a clinical psychologist), and a senior psychologist. Other staff whose number increased over the years are family counselors, a director of family counseling; teachers and aides, a teacher-supervisor; child-care workers and aides, a supervisor of child-care workers; and clerical and maintenance staff. The ratio of child-care workers to child is approximately 4 to 1.

Eligibility

The primary consideration in determining whether a child is a suitable candidate for Edgefield Lodge is whether the psychological and social studies indicate need for residential treatment. The family, natural or other, must also agree to enter into a contract with the Lodge to follow whatever program is necessary to rehabilitate them. In the

case of court and/or welfare wardships, no action is taken on a referral until the parents themselves make application for service.

Finances

Edgefield Lodge is under the Department of Medical Services of Multnomah County and operates with county monies which are matched by state mental health funds. There are some fee revenues from families, paid on a sliding scale, when necessary.

II. ST. MARY'S HOME FOR BOYS

St. Mary's Home for Boys was founded in 1887 as St. Mary's Home Association, by Bishop Gross, CSSR, of the Oregon City Diocese. The first frame building was on a site nearer Beaverton where General Motors now has an industrial plant. Passionist Fathers from Kansas operated the Home until 1891 when the Diocese assumed its direction, naming a priest-director, and obtaining the Sisters of St. Mary of Oregon to teach and care for the children. Situated on part of a 685 acre forest-and-field area, and in keeping with its rural surroundings, St. Mary's was first much like a farm home. Fire destroyed one of the barns in 1924, and more sturdy buildings were erected in 1925 in the present location, ten miles west of Portland at the eastern end of Washington County.

Physical Plant

The present buildings consist of two cottages for the children, administrative offices and residence for the Sisters, gymnasium and swimming pool, laundry and power plant, a workshop, and barn. The

Main building situated nearest the entrance and freeway, also houses the dining areas, kitchen, and classrooms, and one floor serves as the group-living quarters for the older boys.

Residential Coverage

The program operates seven days a week. There are visiting days for parents and relatives in keeping with the regulations of the placing Agency. It is estimated that from about 1967 to the present the median stay of a child at St. Mary's is from eight to ten months. At present there are between forty-five and fifty boys in residence.

Staff

The staff at St. Mary's consists in the Director, the principal of the school who also has charge of the recreation program; three teachers and their aides; two social workers; a coordinator of treatment; four counselors to each cottage spread over a 24 hour shift; one bookkeeper, one secretary; three cooks, and four janitors and maintenance men. The ration of child care worker to child is 1 to 4. There are also two part-time consulting psychiatrists, part-time dentist and optometrist. The dental clinic was incorporated in July, 1967, for Washington County needy children and located in the Main building of St. Mary's. The clinic is unique in that it is locally organized, financed, and staffed without federal funding or direction. Members of the county dental profession donate time.

Eligibility

The function of St. Mary's is to provide services for boys who are in need of individualized service in group care because of personality

disturbances requiring such treatment. Boys between eight and sixteen years of age not past the eighth grade are served regardless of race or creed. The objective of the Agency is either to return the boy to his home or prepare him for foster home living. Placing Agencies are the Juvenile Court, Public Welfare, or another institution.

Finances

St. Mary's draws financial support from the Oregon United Appeal, Purchase of Care, private contributions, and bequests.

CHAPTER IV

PRESENTATION OF THE DATA

The foregoing descriptive characteristics delineate certain differences in externals that are readily observable. It likewise would appear from the foregoing that the change in function, size, etc., was an orderly and pre-determined outcome. However, the very differences, or unique qualities, and mode of carrying out their function was due to the type of institution it was: that is, to that which made up its history, the auspices under which it operated, and the orientation which the treatment took.

The original purpose of St. Mary's Home for Boys was to provide a home for dependent children, homeless for whatever reason. St. Mary's, together with three other private institutions and one public, founded before 1900, were called into being to care for the alarming increase of homeless children: desertion, illness, death, and illegitimacy were fast growing problems for the young state of Oregon. All were experiencing the same crowded conditions because of the rapid growth of the State and the lag in State planning for facilities and services for children. Oregon had one detention home for delinquent boys and a training school for girls, but until 1917 there was no provision for a State home for dependent children. Consequently, a bill passed in 1917 provided for such a home, and at this time, too, the State removed all subsidies paid to the private institutions for children. By doing this, comments

one writer², Oregon changed her policy of "subsidizing private institutions without any state supervision, for a state policy that is antiquated." He remarked that Oregon would have been wiser to put money into improving the existing State institutions for delinquent and defective children, and to concentrate on placing normal children in carefully and well-supervised homes.

St. Mary's, therefore, was brought into being to serve an urgent and immediate need. So, too, was Edgefield Lodge, the youngest of Oregon's child-caring facilities, brought into being to serve, in an exclusive way, a need for emotionally disturbed children. St. Mary's clients in its early years had to be homeless and parentless in order to qualify for admission; Edgefield Lodge's clients could not qualify unless they had a natural or a foster home, and at least one parent.

This criterion for placement itself dictates something of the philosophy of treatment that must apply. The child-care staff of St. Mary's, for the first seventy-five years of its existence, were bent on making the institution the child's home since he had none, or could never return to what he did have. There he learned how to get along with people, he received a good general education and he had the love and interest of the staff to support him. Foster home placement was being carried out in Oregon but most of the children at St. Mary's were too old for this kind of referral. And so until 1940, it was possible for a child to have been at St. Mary's for six or eight years

²Arlien Johnson, "The Care of Dependent Children in Oregon" (Unpublished Thesis, Reed College, Portland, Oregon, 1917), p. 6.

before he was placed out, on farms, principally, to begin to earn a living.

In 1940, Catholic Charities in Portland under whose auspices St. Mary's operated, provided a part-time caseworker who attempted to place children in foster homes and do some follow-up work with them. Since this worker also served other Catholic institutions the enormity of the task can scarcely be imagined.

And so from its foundation, St. Mary's continued the custodial, and for most, long-term care of boys of all races and creeds, giving them a good foundation in elementary grade subjects, moral training, and health habits. Their wholesome, if seemingly impoverished mode of life in 1917 was described by an observer thus:

. . . The impression that the institution leaves is a rather barren one--a large building without anything homelike or cheerful about it. . . The Sisters who have charge of the home work without any recompense or vacation. The boys have very little masculine supervision or influence though Msgr. _____ is superintendent and a young priest occasionally directs their play. The problem of discipline is an insignificant one since the group regulates that by social pressure. New boys, it is said, who try to bully the others are quickly shown their places while timid boys are soon more bold. The children appear quite happy, and are much politer than the average boy. ³

Beginning in 1919, an able and interested priest-director worked for eighteen years to improve and strengthen the care of the children at St. Mary's. Some subsequent directors were outstanding in their understanding and skill with more disturbed children. From its founding until St. Mary's seventy-fifth jubilee in 1962 there had been fourteen different directors.

³Ibid, p. 29.

Edgefield Lodge, in taking only those children who had a home and at least one parent, has been able to develop a child-care center which exemplifies the philosophy it advocates: the child belongs in his home with his parents. This belief so permeates the treatment program that as a result, the child's stay is made an intense, and short experience (one year or less), the family become recipients of treatment, and throughout an educative process is going on to insure better child-care practice in the family. This basically has been the focus of the Lodge since its foundation in 1965. Changes or modifications in the program came about chiefly to insure better carrying out of the treatment.

Edgefield Lodge is now making its history having no tradition of its own or image of another similar institution in Oregon to look to. Its first and present director, has been able to forge a program unhampered by any previous experiences, and in fact unlike any other child-caring institution in Oregon. This is not to say that stabilization came rapidly at Edgefield. Some degree of gradual development is inevitable, and desirable. Both St. Mary's and Edgefield are daily in an evolutionary process as they move from less to a more professional treatment effort. Alt seems to feel that the traditional institutions evolutionary process possesses values which programs established de novo do not:

One valuable potential, which may be readily recognized is the conservation of the useful insights that a common-sense approach to the handling of these children has sometimes yielded. Children in residential treatment need help to become more healthy; but, like other children, they need to be prepared for living in the contemporary world, and common-sense values must always have a place at some, if not all, stages of the treatment program.⁴

⁴Herschel Alt, Residential Treatment for the Disturbed Child (New York: International Universities Press, Inc., 1960), p. 7.

Alt wrote further that he feels in programs established with emphasis on the scientific and theoretical, these values may be lost sight of. In other words, those institutions which though they broke sharply with tradition, yet not ignoring the lessons learned in many years of actual handling of children, turn increasingly to social and psychological sciences for better ways of handling children. These, he feels, go a long way toward synthesizing theoretical ideas and practical know-how in dealing with disturbed youngsters. For example, in a certain well-known treatment center it was found that, "A child may give up his pathological behavior as his psychological security grows, but his proficiency in practical social skills is apt to lag seriously behind his feeling of inner strength."⁵

The question arises, of course, how capable is the disturbed child of thinking about his surroundings and other people while his own inner disturbance has the ascendancy. That some gains can be made in this area is evident at Edgefield Lodge where the child-care workers, knowing how much a certain child can tolerate, will expect him to measure up in appropriate social conduct once he has been taught what this is. Although the primary task of the Lodge is to modify severely deviant behavior of troubled children, the child-care workers are specially trained in helping the child achieve social and personal competencies, and self-regulatory behaviors he will need to function in his family, school, and community. The child's day is structured for him at Edgefield as well as at St. Mary's with most of his hours on weekdays

⁵William Cornell, "The Observation and Analysis of Two Contrasting Residential Agencies for Disturbed Children," (Unpublished paper, Reed College, Portland, Oregon, 1967), p. 6.

spent in the classroom. There, both institutions carry on programmed learning. In the classrooms, children are with their peers but are in competition only with themselves.

Although both St. Mary's and Edgefield are short-term treatment centers, they are institutions nevertheless with many of the earmarks that word conjures up. For instance, it appears to be a necessity that where so many persons are living together some regularity and regimentation must exist. The danger lies in becoming overly routinized, curbing personal freedom and initiative and reducing the possibility for friendships and social life except within the institution's population. No matter how fine the program, there is the danger that the institution or the foster family will ". . . overprotect, overentertain, and overwhelm the child over a long period of time."⁶ Frederickson insists that the continual programming in an institution cannot prepare the child for his future when he will be alone and entirely dependent on his own resources for finding friends.

On the other hand, regularity can be a stabilizer. In his home, the child may not have known what was going to happen to him next. At the institution, he has greater protection from jarring incidents. But this same regularity can put him to sleep and he may never come out of it. The safeguard against institutionalization is that the child live at the center for a relatively short time, and while he is there close ties to his family be fostered. This is made possible at Edgefield where parents, natural or otherwise, are involved. The child at

⁶ Hazel Frederickson, The Child and His Welfare (San Francisco: W. H. Freeman, 1948), p. 192.

Edgefield Lodge returns to his home each weekend. At St. Mary's many of the children have no place that could be called home, or live at such great distance that frequent travel is prohibitive, or the child himself may have restrictions on his freedom imposed by the placing agency.

This warning against the hazards of institutional living is timely for any age group destined to live in an institution. However, if a treatment program can build into the child the strengths that is should leave there, then the handicap of becoming institutionalized is less a risk. Besides having learned how to control his overt behavior at the institution, the child has likewise built into his conduct the basic ingredients of social living. This is not to plead for more institutions; rather, it is to point out a facet of living that can contribute to stabilizing an agitated life so that some degree of normality can be built up and sustained. And since we are looking into children's institutions in particular there is the added factor of removal from a disruptive home to a treatment center as a first step in the treatment.

The schools loom large in importance at both institutions and are alike in function at the present time: programmed learning geared specifically to the child in peer group classrooms. As of this writing St. Mary's new program has been in operation about two years; Edgefield's, since its founding in 1965. At this time, too, St. Mary's is sending to the public school those children who can now tolerate the structured classroom. Four other classrooms at the institution contain the largest group at St. Mary's. Edgefield Lodge built the school into its structure from the beginning, and constantly refined the methods used to get the child back into public schools. The Oregon Child Welfare Survey made in 1949 recommended to St. Mary's that serious consideration be given to

sending their children to public or parochial schools, or to inviting children from the community to attend the institution's school.⁷ Up to this time St. Mary's operated classrooms similar to curriculum and method to any private or public school. Besides this, the school had its competitive ball teams--their success witnessed by numerous trophies accumulated over the years--dances, plays, and camping trips, made possible and sustained over the years by an interested laity who gave of their time and service. The milieu was that of a boarding school and it was possible for the child to become quite institutionalized with limited outside contacts. Yet rehabilitation for a child was not entirely wanting when such was needed. The Sisters who taught at the school or who worked in the cottages were understanding and supportive of the disturbed child, taking back again and again those who "ran" and for whom they could see some hope. The know-how of the Sisters came only from their knowledge of the normal child and from experience gained over the years in work with the troubled child. During these years it was the school and its extra-curricular activities that absorbed the child's time as St. Mary's provided him his home.

Edgefield's school was by design part of the total program. Its teachers go about the business of keeping the child up as much as possible with his grade in the public school, and very often helps the child catch up to his grade level, while the residential program at the Lodge works along with the school, each contributing toward the treatment objective of each child.

⁷Child Welfare League of America, Oregon Child Welfare Survey, Foster Care Resources and Needs, 1949-1950 (New York: Child Welfare League of America, 1950), p. 8.

The success of a treatment center for children depends a great deal on the staff. Here, their roles must be clearly defined. That is, "A teacher is a teacher and not a therapist; the caseworker does not handle the child's money or buy his clothing."⁸ Certain therapeutizing outcomes flow from each role.

Edgefield Lodge has approximately four staff to one child for the population it now has of thirty children in the five-day program. Social workers and child-care workers on eight-hour shifts implement the treatment plan for child and parents. Each person who will have some phase of a child's Lodge-life is aware of the plan of treatment. Weekly unit meetings and frequent treatment team meetings keep information current and plans workable as the child's recovery is sought.

Edgefield's has been a completely salaried staff since its foundation. St. Mary's, staffed by Catholic Sisters for most of the years of its existence, added salaried employees to the child-care staff in 1967. For more than seventy-seven years, then, a staff of approximately twenty sisters cared for as many as 182 boys during one year, many of whom were given total permanent care. During this same year only forty-seven of the 182 were new children admitted, and forty-six of this number were discharged having reached age fourteen. Foster placement was minimal and a child entering St. Mary's at age six could stay eight years at this institution, receiving excellent physical care and a good education.

The accommodations of the Home at that time were for 140 children. The enormity of the task of keeping this many children clean, clothed,

⁸ Alt, Residential Treatment, p. 149.

and fed was overwhelming. A statistical table in a research study completed in 1917 shows a staff of twenty-two at St. Mary's for this gigantic task.⁹ The number of children and staff at St. Mary's were quite constant through the following years. In 1940, a shared-time caseworker was made available through Catholic Services. This person likewise supervised the foster home as long as his supervision was needed after placement. In 1945, a full-time caseworker was engaged for this purpose and in 1953 a graduate social worker was hired full time. This staff person took full responsibility for pre-placement study, exploring resources, helping the family plan for the child, and giving caseworker services to families. An unpublished report for that period attests that the program helped many boys adjust to their own homes and thus avoided further separation from their families. It also enabled other boys to return to their own homes within a short period of time.¹⁰

In general, however, the staff changes occurred only when a Sister was moved from St. Mary's by her superior. This applied to the child-care worker as well as to the teachers. The teachers were also part-time replacements in the children's units. Some of the teachers were interchanged from teaching to child care work and back again to teaching. This practice was maintained up to recent years. One Sister now teaching at St. Mary's in the ungraded system, and who also was greatly responsible for the implementation of this plan, admitted to the writer that she appreciated the changes now taking place, but nevertheless, she thought

⁹ Johnson, Dependent Children in Oregon, p. 28.

¹⁰ St. Mary's Home for Boys, Unpublished Data on St. Mary's, p. 6.

nostagically of the time when her shift as a child care worker of twenty-four to thirty hours continuous time meant greater closeness to the children and fostered a bond that was, she thought, extremely healing to the child. Additional staff and emphasis on shorter stays in the institution for the child have taken away some of the closeness to the single cottage counselor.

Edgefield Lodge from its foundation had workers on eight-hour shifts. This meant that the child was in contact with a child-care worker in the morning, the teacher throughout the day, and another child-care worker for afternoon and evenings. However, the unit in which the child lives, as the cottage at St. Mary's is the primary milieu in which the human relationships involved in child care is fostered and sustained. The child may establish meaningful relationships with his teacher, or his caseworker, or any other member of the staff, nevertheless the unit, or cottage, staff provide what may be the first experience of a deeply personal relationship which will foster the child's growth.

Both at St. Mary's and at Edgefield Lodge, the unit or cottage counselors present some particle of a parent figure. Because the child may have poor inner controls, it is the counselor who must protect the child from his own dangerous impulses and who must represent to the child what the good parent would in knowing what is best for the child: offering both love and attention but at the same time administering law and order. At Edgefield Lodge, the child is never much out of contact with his parents since he returns to them each weekend and all holidays. The child at Edgefield Lodge has less tendency to think of the counselor as a parent substitute as does the child at St. Mary's.

There, more often than not, the child has no home or parents and, lacking any adult support, tends to look to the counselor as a parenting figure. Counselors there face the facts realistically with the children to let them know they are not the child's parents.

Although the problem of adequate staff still plagues St. Mary's, there are now four counselors to a cottage plus other staff. This challenge of staffing is recognized, but perhaps it will take a few more years before it can be fully met.

That the use of confidential records is treated differently at Edgefield Lodge and St. Mary's as far as staff availability is concerned would at first seem to be a departure for Edgefield. The records are kept in a small faculty lounge accessible to anyone connected with the Lodge. The staff is aware of the confidentiality of this material and if minor abuses have occurred they have not brought harm or mistrust on the institution. One social worker executive sees it thus:

. . . more complete involvement of the staff in planning treatment can help to focus the plans and to lead to less concern and frustration on the part of the resident staff over confidentiality of the case records.¹¹

St. Mary's records at the present time are not as available and this is seen by some of the child-care workers as a constraint on their ability to understand the child. The record is available to them when they need it through their contacting the supervisor of social services. One might think that Edgefield's regulation is the result of the youthfulness of this institution both in years of existence and in the people it hires. However, a young woman worker at another treatment center

¹¹ Clifton Browne, "Some Problems of Children's Institutions in Achieving Maturity," Child Welfare, XLIII (February, 1963), p. 77.

stated she preferred not to see the record of a child, sensing her treatment of him would be on the basis of his own person as he presented himself to her rather than on the assumptions she might have formed from reading his history. The relevance of this matter, then, seems to depend on the workers themselves. It was this worker's observation that once the pertinent facts of a case were known, contact with the social worker to be briefed on the implications of current behavior of the child sufficed and was much more useful to the worker than perusing lengthy historical data.

One might infer that the less open method at St. Mary's was a natural result of the conservative, religious control of the institution and to some extent this might be true. However, until 1953, when sisters were doing all of the child-care work, there existed helpful sharing of information on each child.¹² In informal meeting the background of the child would be made known to all staff as means of better understanding any inappropriate behavior. A minimum of recording was done during those years but records do exist from March, 1891. This sharing of information is not unlike what takes place at Edgefield Lodge. At the present time, workers discuss with each other or with supervisors aspects of the child's background, family, and related behavior.

There are many books on the qualities of a good administrator, but probably the executive's work can best be summed up in these dozen words:

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St. Mary's Home for Boys, Interview with a former worker and supervisor, January, 1970.

Management is the development of people and not the direction of things.¹³

If this statement oversimplifies the philosophy of both St. Mary's and Edgefield Lodge, nevertheless it is a point to which the compass of management continually relates in some way.

The structure of the governing body of St. Mary's is that of a single executive, a director, and a Board of Trustees of which the Archbishop is chairman. It is he who hires the director of the institution, and therefore relies on him for the regular running of the institutions. There is also an advisory board made up of thirty-three members, business and professional men of the community. Their function appears to be used chiefly for advice and consultation on economic and business matters. The Advisory Board is made up of men and women from various parts of the State.

Edgefield Lodge operates under the Multnomah County Board of Commissioners and an advisory board chosen by the Commissioners. The Board of Commissioners hires the director, but as with St. Mary's, relies on the director for administering the entire project. From the opening of the Lodge in 1965, the director was responsible for all of the workers, maintenance included. During the Fall of 1969, one full-time business manager was hired who took over some of the director's functions. The business manager is responsible to the director. The director also hires supervisors for the caseworkers, and for the child-care workers, and these persons in turn are responsible for the workers

¹³ Paul Pigors and Charles Myers, Personnel Administration (New York: McGraw-Hill Book Company, Inc., 1951), p. 6.

under him. From the writer's observation and in talking with staff, the writer was made aware of the responsibility and trust invested in these supervisors and through them to the other workers. In turn, the workers' belief in the program, their absorption in how best the child and family can be served has a double effect: that of contributing to the professional growth of the worker and to the rehabilitation of the child and parents. The implicit trust of the director tells the worker that he can do the job. And just as the worker is given the right to succeed, so is he accorded the right to fail. For example, out of a recent evaluation of the Lodge by workers and supervisors developed a plan which brought considerable reorganization of the whole setup of child care including the manner in which distribution of parent counseling would take place. The reservations the director had about the outcome, realistic as they proved to be, were not allowed to enter into the workers' plans for reorganization. As a result, in a few months the workers found the plan unworkable and proceeded vigorously to work out a new solution within the child-care units. This process of growth was not hindered; rather, it pushed on as the workers were encouraged to work out a different solution to ease the friction resulting from their now abandoned plan.

Obviously there is a time for a director to assert himself, should he see a misuse of freedom that would be harmful to themselves or their clients. It is the administrator who is secure in himself who can desist from seeing all initiating actions of workers as heartening rather than threatening.

Anxious authority can be more detrimental to institutional atmosphere than anxious children.¹⁴

The director of St. Mary's came to a position which was in a sense, forged for him. Except for the head of the social services there were no other supervisors or department heads. The people who would have known something of the functioning of the institution--the Sisters--were decreasing in number. There would seem to be no other way for a new director to take over than to come in with full power to plan and carry out--at least until he had made revisions that practically changed the face of the institution. This he proceeded to do with speed and efficiency. Sorely needed were additional and younger, child-care workers, expansion of social services and the addition of consultative psychiatric services to strengthen service to the children. Concomitant with this, the new director rearranged and increased offices for the staff and facilities for the children; and at the same time he set out to make more attractive the internal physical aspects of the cottages and campus in general. Plans were soon in the making for new cottages and the demise of the now "main" building.

Eventually a story got into the papers about these moves but while the director was hard at work on the process above, opinions were being made by the public, voiced by one woman thus: "Every time I pass St. Mary's it seems more and more run down!" When the writer finally became acquainted with the institution it was clear what was happening. The director, apparently oblivious that the public would be interested to know what was going on with great intensity in these old buildings,

¹⁴

Browne, "Achieving Maturity," p. 81.

omitted to let people know the reason for the "run-down" look. Social agencies and many parishoners were getting second-hand information at this time, also, on the authoritative handling of internal affairs.

Perhaps this phenomenon can best be understood by looking at the background of the institution which the new administrator was attempting to direct:

1. Founded in 1887 with almost no change of function until 1940.
2. Staffed chiefly by Sisters who, though they carried out all of the work, were subject to a priest-director who was subject to the Archbishop--an entirely vertical relationship.
3. Authority was in the hands of the director during these years and this because of the subsidiary role that Sisters played as they went about the various works of the Church.
4. No effort at running the institution democratically although there was evident sharing among the workers of ideas and support.
5. A tendency of this institution, like too many other private child-caring agencies to operate in isolation from the immediate community.

All of these factors have been touched upon within this paper but they were brought together here for what the writer believes is evidence that the present directorship is part of a whole continuum of factors. To these should be added the training and background of the director himself, reared in the Roman Catholic tradition which is definitely authoritative in manner and vertical in structure.

The authoritative type of director is probably more prevalent than not. For one thing, it appears to be reassuring to most persons in authority that in order to be certain important jobs are really carried out, one must do them oneself. In fact, the evolution which took place in recent years in residential centers for children were frequently of the nature described above. A former director of the Lincoln Child Center in Oakland, California, writes of working through this need to come to grips with a management problem which finally came to be solved

as discussions with staff took place:

Through . . . discussion and examination, my role as an executive became more clearly defined. It was a role that permitted and required the delegation of duties to those persons whose skills and place in a milieu of relationships could be most helpful to the growth of a . . . child. Above all, it was a role that gave me an opportunity to plan with objectivity, to administer the agency in a manner that enabled my staff to work more effectively together and to use my skills and knowledge in full pursuit of the growth of the agencies services to the community.¹⁵

This director did not come to such a solution suddenly; rather, only after months of serving as both caseworker and as executive director did he and his staff arrive at some answers.

¹⁵
Clayton E. Nordstrom, "The Introduction of a Casework Service to a Children's Institution and Its Effect on the Executive," Child Welfare, XLI (March, 1962), p. 128.

CHAPTER V

CONCLUSION

This study has been concerned with two institutions, each of which reflects the era of its foundation: St. Mary's, the austerity and hardship characteristic of the people and the times of the pioneer Oregon Territory; Edgefield Lodge, the modern breakthrough in the behavioral sciences and technological advances, the findings of which the Lodge is not only using but to which it is contributing.

St. Mary's lived for most of the years of its existence in the traditional manner of its foundation. Serving as a home for over 100 boys from various parts of the West Coast, this institution seemed never to get caught up in the child welfare movements that began nationally soon after St. Mary's was founded. Instead, the institution tended to perpetuate reliance on its own adequacy and skill and to remain aloof from the social scene it was serving. The changes which evolved at St. Mary's over its 82 years of existence would make the evolutionary process a slow one for St. Mary's. Indeed, the slow pace of change carried with it the danger of jeopardizing the institution's chances of quitting its isolationist existence entirely. The institution seemed to have absorbed the slow pace of progress of the then new 20th century.

Edgefield Lodge, born in a turbulent era and destined to care for children whose lives were fashioned in turmoil, began its evolutionary process according to a careful, though not precise plan. Purposefully planned, its program took definite shape and was frequently refined, not

without pain, by staff at all levels. Its founder drew on recent research in behavioral theory and practice in setting up the treatment method. Most of its child-care workers were born within the last three decades. The evolutionary process of the Lodge's existence appears to be paced with the times in which it was founded. For the future it would seem that Edgefield Lodge is in an excellent position to use its experience and knowledge to lead child-care agencies toward newer horizons in education and treatment. Indeed, should it not do so it would seem as if its sights were too low. Not to use the marvelous freedom that the Lodge has to experiment and innovate, to make known in publications or otherwise their many successes, would be to have buried their talent even though for the Lodge itself the talent was put to good use.

As one observes the work done at St. Mary's, several problems are apparent, such as lack of adequate staff for the number of children being served, and low morale among the child-care workers. Basically, the problem appears to be that of lack of communication between levels. A complex institution such as St. Mary's needs informality and openness of communication from top administration down to and including maintenance staff. A lack of communication has a tendency to keep workers guessing what is going on and creates mistrust. This is not a lack peculiar to St. Mary's or to a traditional institution, but perhaps the traditional institution must be more on the alert to keep its workers in tune with what is happening, to make them feel they are necessary to the work, and to ask them to share in decision making. Traditional institutions more than others may fail in this regard because the structure from which they are changing is normally that of a vertical and rigid one. It would seem that this matter of communication, more than new and better

buildings urgent as these are, would insure the progress and growth of St. Mary's Home for Boys. Communication, not only within the institution, but with other institutions in the Portland area, would help to speed the change process.

The fact that St. Mary's attempted change with apparent haste has implications for community organization workers. In an institution as old as St. Mary's, one would be tempted to proceed to renew the facilities and program with all haste. However, it occurred to the writer that at least two basic social work tenets are violated in this approach:¹⁴

1. The persons working most closely with the program were not an integral part of the planning stages.
2. The community which the institution was serving was not made aware of the proposed changes.

To have been aware and active in both of these areas would not necessarily insure that the renewal would take a different form, but such action would have reassured and encouraged the workers, and saved the institution from some misunderstanding.

Both institutions now stand at the portal of the decade of the 70's. The phases each went through to reach this point in time has been the subject of the preceding pages. The writer believes it can be concluded that

(There is) no single formula . . . possible, and no one agency today (to) fill all the roles or meet all the different requests of service. . . .¹⁵

¹⁴
Social Work Yearbook, "Administration of Social Agencies," 1957, p. 78-82.

¹⁵
Rebecca Smith, "The Role of the Church-Related Agency Today," Child Welfare (July, 1966), p. 387.

The only formula each can employ is that of standing ready to make whatever fundamental changes are necessary, to make a commitment to a philosophy of change, in response to varying community needs in service to children.

The institutional model that ultimately will survive is the one that remains eclectic and able to incorporate new theoretical formulations as they are developed.¹⁶

Social workers have the potential for helping the institution remain eclectic by bringing to its awareness developments and trends in child care. Social workers are the principal medium for bringing social change into the work of the institution. The social work profession has gone on record setting forth the quality and shared responsibility for the extent of social services. This declaration, one of several resolutions which resulted from the work of an ad hoc committee set up by the National Association of Social Workers and the Council on Social Work Education, states that:

. . . NASW and CSWE accept and publicly declare their responsibility for manpower planning and development for the range of personnel--professional, technical and supporting--needed in the provision of social services. . . .¹⁷

Herschel Alt¹⁸ believed that the employment of a trained social worker

¹⁶
Albert E. Trieschman, James Whittaker, and Larry Bendtro, The Other 23 Hours (Chicago: Aldine Publishing Company, 1969), p. xiii.

¹⁷
Council on Social Work Education and National Association of Social Workers. Report and Recommendations of the CSWE-NASW Ad Hoc Committee on Manpower Issues, A Plan for Resolving the Manpower Issue, NASW News, XIV (February, 1969), p. 36-38.

¹⁸
Alt, Residential Treatment, p. 268.

by an institution was a first step in the process of introducing to that institution professional points of view and methods. Therefore, on the social workers must devolve the task of keeping the institution up to date and in communication with other agencies in the community. Besides acting as the medium through which change can come, social workers likewise will be resisting pressures within the institution to maintain the status quo, to seek to change outmoded policies and procedures, and to humanize them when necessary. The progress and growth of children's institutions, perhaps even their survival, will depend very much on the timeliness of the social worker's intervention.

APPENDIX I

FOUNDING DATES OF THE FIRST SEVEN CHILD-CARE
INSTITUTIONS IN OREGON, AND THE DEPENDENT
CHILDREN DEPARTMENT OF THE JUVENILE COURT

- 1867 The Children's Home was established by a Ladies Relief Society, a Methodist organization, to care for orphan and half orphan children, ages 4 through 12 years. This institution is now known as the Parry Center for Children.
- 1885 The Boys' and Girls' Aid Society of Oregon founded for receiving children between the ages of 3 and 17 years for placement in foster homes.
- 1887 St. Mary's Home for Boys established to care for orphan and semi-orphan boys, ages 6 to 18.
- 1888 Waverly Baby Home founded for the care of homeless children under three years of age.
- 1902 St. Agnes Baby Home, originally known as St. Agnes Foundling Home. Children under 5 accepted.
- 1905 The Juvenile Court established a department for dependent children through which any child under 18 could be committed to an institution or entrusted to any reputable citizen of good moral character.
- 1908 Christie Home for Orphan Girls founded to care for children 6 to 18.

APPENDIX II

SIGNIFICANT DATES, ST. MARY'S HOME FOR BOYS

- 1887 Founding date.
- 1901 Sisters of St. Mary of Oregon arrive to teach and to care for the children.
- 1909 The First White House Conference on Children and Youth recommend to institutions that dependent children be cared for in private homes as much as possible.
- 1912 U. S. Children's Bureau established. Began to develop licensing standards for child-caring institutions and foster homes.
- 1920 Child Welfare League of America established. It sought to improve standards. Most states had some kind of licensing laws by this time. Oregon did not have.
- 1924 Fire destroyed a main barn at St. Mary's.
- 1925 Sturdier buildings erected on the present site; Christie Cottage built. Smaller children live here.
- 1935 The Social Security Act, Industrial and other insurances brought a measure of security to families enabling them to keep the children together. Children at St. Mary's at this time were staying for shorter periods of time.
- 1940 Catholic Services give a part-time caseworker to help with child placement and follow-up.
- 1943 High school at St. Mary's closed. Boys beyond the 8th grade no longer taken to live here.
- 1949 The Oregon Child Welfare Survey made by the Child Welfare League of America recommended that St. Mary's give serious consideration to sending their children to public or parochial schools or to invite children from the community schools to attend St. Mary's; also, to have the children attend their own church on Sundays.
- 1950 Swimming pool built for the children.

- 1953 Sister of St. Mary of Oregon leave. Franciscan Sisters are brought in to replace them. A full-time social worker is hired for St. Mary's.
- 1959 Purchase of Care, Federal and State financial aid, begun for those children placed through Public Welfare.
- 1967 Washington County Dental Clinic set up at St. Mary's. Through a Federal grant, a psychologist and a special education teacher are employed.
- 1968 Children who are stable enough emotionally are sent to public or parochial schools.

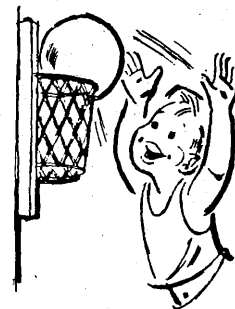
APPENDIX III

A Boy's Life at St. Mary's...

As much as we can make it so, a boy's life here is a happy one. The lad who comes to live with us could be the same boy who might be found in your home, or in the home of someone you know in your town. Usually he is here because someone has failed him.

With the help of those who support our work, we seek our objective of bringing the boy up in an atmosphere designed to be as normal and homelike as possible. Our boy is guided toward moral, mental and physical fulfillment.

In the planning of his daily routine, we do our very best to lead him through his boyhood in a way which will prepare him for a manhood of honor, productiveness and responsibility. The boy's day may include such varied activities as his academic and trade school classes, daily chores, time on the farm, organized athletics, swimming and time to just plain play and relax. The Home also keeps a stable of horses for the boys' use, with care and riding instruction provided. In almost every case, the boy takes pride in achieving the goals set for him. Daily he asks God's blessing for all who help him.

*Our Hopes for Tomorrow...*

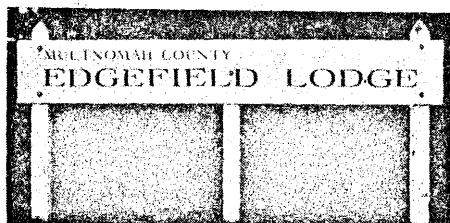
As we approach the centenary of our service to Oregon youngsters, we look forward to preparing the best possible home and future for the boys who will come to us. We will continue to provide the best possible therapeutic program whereby the needs of each boy may be met. With the help of our friends we hope to accomplish the task that lies ahead.



APPENDIX IV

A CHILDREN'S STORY

Once upon a time in the far reaches of the County's green domain there dwelt a building — brick and empty. It was originally built by the County as a tuberculosis hospital and at the time was one of the finest such to be found. But mother science shut it down. TB became readily controllable with drugs and long recovery periods became a thing of the past. Pretty soon, hardly anyone needed to stay there anymore.



When the building died as a tuberculosis hospital, the County began another program and filled its rooms with stroke and tumor patients who needed intensive care and therapy to swiftly restore them to the point where they could once again care for themselves. Without intensive treatment, many victims of this kind of trauma would live their lives out in bed and require someone in attendance forever.

This program, too, was a forerunner of things to come and soon most hospitals sported an intensive care unit that emulated the Multnomah County model. The building's dwindling patient load was moved into Edgefield Manor lock, stock and therapy equipment, and once again

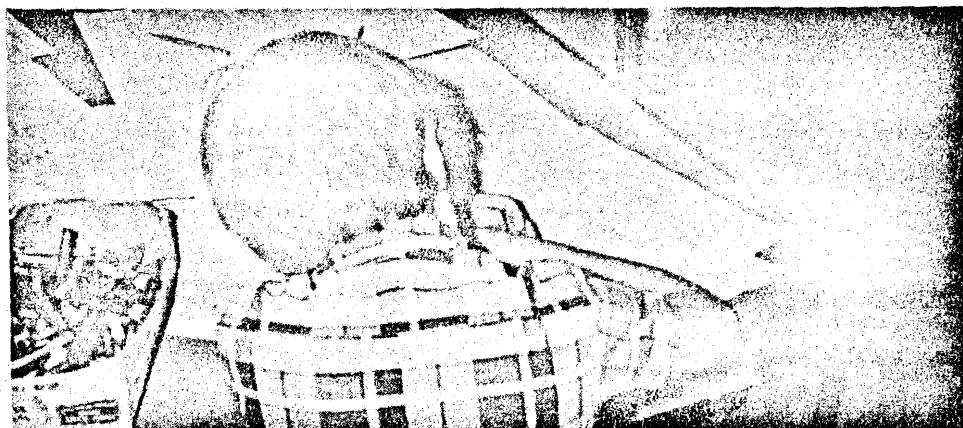
the red brick building had nothing to do but moulder.

Meanwhile, back at the courthouse, the Board of Commissioners pondered its fate and future. There was some sentiment for an alcoholic recovery center. And the then Sheriff was plugging for a woman's jail. It was Commissioner M. James Gleason who trotted out the winning idea — a treatment center for emotionally disturbed children. The Board bought the plan, allocated funds, picked a knowledgeable advisory board and went about the business of hiring a director. And so, in 1963 — the year of the Rabbit — Edgefield Lodge was born on paper.

Lodge Director, hip Clinical Psychologist Dr. Buell Goocher, was hired out of the University of Florida in September of 1964 and the building opened its doors to the first five children in March of the following year. Another master shrink in the person of Dr. Michael Ebner, titled Senior Psychologist, was laid on in May of 1965. From that auspicious beginning the Lodge's in-house kid load swiftly grew to thirty where it stands today. That figure represents the Lodge's residential capacity.

The Lodge program had no operational model to copy. It is itself a model that has attracted professionals for a look from hither, thither and Dusseldorf. Since the Lodge opened, a number of other programs in such places as California, Illinois and New York have borrowed hunks and pieces of the Lodge prototype; but Edgefield Lodge remains uni-

(Continued on Page 4, Col. 1)



que and innovative.

The kids at the Lodge run between the ages of six and twelve. This is a near forgotten age bracket on the mental health scene with Lodge-like programs about as common as the three-toed sloth. It is for instance, the only tax-supported program for children in Oregon and one of the scant few in the country operated by a County government.

The Lodge philosophy is family oriented. A disturbed child is believed to represent a disturbed family. Before a child is accepted — a painstaking process in itself — the entire family of Mom, Dad, and siblings must be willing to take part in treatment. If the child's behavior is to change, so too must the behavior of family members change so that positive improvement is maintained and strengthened.

This is no mean feat when one considers the severity of emotional and behavioral problems these kids exhibit by the time they qualify for treatment at the Lodge. To appreciate what is being done for them, you've got to see them when they begin. There's one with a total absence of speech. What do you do with a child that makes no sound save for strange gurgling noises and a piercing yell? Another is hostile and aggressive to the point that you fear to turn your back. Fire setters are not uncommon. Nor are the deeply suspicious and fearful ones who let no one get close to them. They can't relate to other children or their elders. They can't make it in school. They don't fit anywhere. Their parents have little or no control or influence over them and are at their wits end. So what do the Lodge pros do?

Let's take a crack at something called "operant milieu therapy". That frightening phrase describes an environment in which the child's daily life is structured to provide a model of how he or she should behave. Learning, play and activities are carefully designed to be learning experiences; to constantly teach and reinforce acceptable behavior. Desirable behavior is immediately supported or rewarded in various ways and undesirable behavior carries its own immediate consequences. One such immediate reward for appropriate behavior is a handful of M&M candies (melts in your mouth — not in your hand) which get gobbled in great quantities by little Lodge-ites during the learning process. The Lodge buys their M&M's in 25-pound boxes.

The word "behavior" keeps cropping up. It's not by accident. The Lodge emphasis is on Behavior Therapy. Kids at



Lodge leader and practical pedagogue Buell Goocher captured in rare quiescent moment.

the Lodge aren't considered "sick". Rather, they are children who need new learning, who need to relearn more appropriate behaviors, who need to develop skills for problem solving. They are normal in that they have all the equipment to work with, but they have learned to use the wrong behavior under the wrong circumstances. There is some turning around to do.

School is a daily occurrence at the Lodge eleven months of the year. The school program keeps a child even with his class in public school and he gets credit on his return; although many have some catching up to do while at the Lodge.

The kids stay at the Lodge five days of the week. They live in small groups resembling family situations. The whole place shuts down Friday afternoon when the parent parade comes to take the children home and the doors don't open again until Sunday evening. The same thing happens on holidays. There are no sudden breaks with families or fast plunges back to school and community. The object is one of phasing kids into the Lodge experience and phasing them back out. Everything is pointed toward the earliest possible return to home, to school and to the community. They don't get institutionalized. The ties to family and community are never broken — just straightened out and reinforced.

The Lodge environment is also constructed to prevent a child from becoming overly attached or dependent upon any one staff member. No one person guides a child through the Edgefield experience. Each child is the responsibility of a treatment team which includes the Director, the child's teacher, the family's

counselor and the child care worker who coordinates the child's program. They regularly meet to discuss the progress and needs of individual kids and to further tailor their treatment.

Everybody gets into the treatment act at the Lodge; right down to the people who maintain the grounds, the building and prepare the meals. All have a role to play in building constructive relationships and influencing behavior. It all serves to help the kids find their place in the scheme of things. What, after all, is "operant milieu therapy" all about? The wild thing about this whole business is that it works. The kids who come do change and do learn to find their place in the world.

Another aspect of the five-acre room-to-roam Lodge complex is the Child Diagnostic Center. Housed in a building of its own, the Center is concerned with research in behavior and related esoteric goodies. Rolling back the darkness, as it were, since knowledge about the whole behavioral bag is relatively scant.

The Diagnostic Center is a totally state-supported creature, but is nonetheless a County operated contract program. It's an experimental project that was designed by Lodge staffers out of Edgefield Lodge's philosophy and experiences. Center personnel were originally selected by Lodge staff members and the program remains directed by the Lodge Director.

Its function is described by an act of

the State Legislature which authorized operating funds and described its job. A forthcoming report to the State and the public will delve into the subject of emotionally disturbed children in Oregon and present its findings and recommendations for treatment.

The Child Diagnostic Center's very existence is testimony to the avant garde work being done by Edgefield Lodge. The state wanted the Center here because new things are happening at the Lodge. It gives them the best window on the world of child behavior and puts them next to some impressive expertise.

Edgefield Lodge itself lies under the Department of Medical Services and operates with county monies which are matched by state mental health funds. There are, in addition, some fee revenues collected from families able to pay in part for the service.

And it's an expensive service. The ratio of staff workers to child resident is better than one to one, but this kind of intensive therapy is the only way to undo emotionally damaged children.

The average stay at the Lodge is something just short of a year. Who knows what the cost to society would be over the natural lives of these kids if there were no Edgefield Lodge. In the course of its new role, that red brick building has taken its lumps from the kids who pass that way, but it's been in the best of causes.



Story by Don Rocks,
MULTNOMAH COUNTY LINES Editor

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